SUBGRANT APPLICATION

Montana Board of Crime Control

3075 North Montana Avenue P.O. Box 201408 Helena, MT 59620-1408 (406) 444-3604

PLEASE FILL OUT THIS FORM COMPLETELY TO AVOID DELAYS IN PROCESSING THIS APPLICATION

RFP Number per Justice Bulletin:

Section 1. Face Page

Applicant Agency:							
Address:							
City	State	Zip		Phone			
County	Agency E-Mail						
Federal Employer or Payee Identification Num	ber (FEIN):						
Private Nonprofit (circle one): Yes (If ye.	s, attach IRS Documentatio	on)	No				
Project Director Name:			Title				
Address							
City	State	Zip		Phone			
County	E-Mail						
Project Title:							
			/ /		/	/	
Project Duration	Date of Award:	Month	Day Year	Finish: Month	Day	Year	
If a Continuation Grant, indicate previous MBCC grant number:							
The Community States, marcute previous 1712	o grant namour.						
If previously funded, indicate the total number of months of federal support:							
Other Federal Support (If using other federal support on this project, it must be identified and explained:							

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Section 2. Project Budget Subgrant Application for Montana Board of Crime Control

A. Personnel	MBCC/Fed.	Local Match	TOTAL
	\$		
Employee Fringe Benefits			
TOTAL	\$		
B. Contracted Services	MBCC/Fed.	Local Match	TOTAL
D. Contracted Services	\$		TOTAL
mamus	Ф.		
TOTAL	\$		
C. Travel and Per Diem	MBCC/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		
D. Equipment	MBCC/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		
	MBCC/Fed.	Local Match	TOTAL
E. Operating Expenses	\$	Local Mater	TOTAL
	Ψ		
TOTAL	\$		
Total Project Budget - Combined totals for all columns	\$	\$	\$
MBCC Share of Project Budget%	%	%	%

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Section 3. Budget Narrative Instructions

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On separate pages, explain the relationship between budgeted items listed in Section 2 and project activities. Include information (data and criteria) as to how you arrived at budget estimates. Discuss all items by category (i.e., completely describe all activities under <u>A. Personnel</u> before moving on to the next applicable section). Some items to consider for each budget category are listed below.

If the operations of this project are expected to generate income, please discuss possible sources, amounts, and how it will be used.

A. Personnel

- * How were salary rates determined?
- * What is included in fringe benefits?
- * What function(s) do budgeted employee's perform?

B. Contracted Services

- * What is the daily fee of consultant?
- * How many days will service be provided?
- * What service will be provided?

C. Travel and Per Diem

- * Indicate mileage and per diem calculations using state rates.
- * Is mileage and per diem directly related to project activities?
- * If out-of state travel is anticipated, give particulars, i.e., location, state, dates, purpose, cost).

D. Equipment (Expendable supplies must be included under Operating Expenses)

- * Description of equipment: make, model, etc.
- * What is unit cost?
- * Equipment must be integral to project success.

E. Operating Expense

* Expendable supplies, monthly phone charges, rent, purchase of evidence, etc. (No indirect costs, equipment under \$1,000.00).

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Section 4. Project Narrative Instructions

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Do Not Exceed 2 pages for Executive Summary and 12 pages for Project Narrative (12 point font).

Provide a description, in the order listed below, of each component requested. Clearly present each topic, separated by subject headings. You must address each of the following six areas. The project narrative is considered the needs statement, goals and objectives, implementation plan, evaluation and future funding plan.

- * Executive Summary (2 pages maximum)
- * Needs/Threat Statement
- * Goals & Objectives
- * Implementation Plan
- * Evaluation & Internal Assessment
- * Future Funding Plan

Please refer to your RFP checklist for any additional items.

See Section 4 of the *MBCC Subgrant Application Guidelines* for more complete instructions and a checklist for your use to assure that each element of the application is completed. Please check the appropriate RFP for match requirements.

It is important that you follow directions, provide complete information, and submit the material in the order requested. All of these steps assist the staff and Board in evaluating the quality of your proposal.

- **A.** Executive Summary A clear, concise summary of what is being proposed.
- **B.** Needs Statement Describe and document the problem.
- **C. Goals** The desired long-range effect of your project.
- **D. Objectives** Are specific milestones aimed at achieving your goal(s). Objectives must state a date when a particular milestone will be reached, be measurable, and include valid indicator(s) of reaching the milestone.
- **E.** Implementation Plan The sequence of events which occur to accomplish the objectives.
- F. Evaluation & Internal Assessment Describe how you will measure the level of success.
- **G. Sustainability/Future Funding Plan** Strategic plan for how the project will be supported beyond the first year.
- **H. Attachments** Limited amount of material that includes pertinent letters of support, research documentation and other similar materials.

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Section 5. Special Assurances and Conditions

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Assurances of Compliance with Civil Rights Act of 1964: The applicant hereby agrees that it will comply with the non-discrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disability Act (ADA) (1990); Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.

Non-supplanting Requirements: Funds or other resources of the applicant normally devoted to programs and activities designed to meet the needs of criminal justice will not be diminished in any way as a result of a grant award of federal funds.

The project for which assistance is being requested will be in addition to, and not a substitute for, criminal justice services previously provided without federal assistance.

Audit Requirement: Acceptance of this grant award requires the subgrantee organization or governmental entity to include this subgrant in the scope of their regularly scheduled annual or biennial audit. The audit must be conducted in accordance with the appropriate OMB Circular (A-128, A-133, A-102/Common Rule).

Applicants Agreement: It is understood and agreed by the applicant: that any grant received as a result of this application shall be subject to the Grant Conditions and other policies, regulations, and rules issued by the Department of Justice for the administration of grant projects under (P.L. 100-690) including, but not limited to, the following:

- 1) Competitive bids must be obtained for all equipment, construction and contracted services applications, as required by applicable local, state, or federal law or regulations. Accepting other than the lowest bid requires prior approval of the Board of Crime Control;
- 2) The grant may be terminated in whole, or in part, by the Board of Crime Control at any time;
- 3) Appropriate grant records and accounts will be maintained and made available to the Montana Board of Crime Control, Office of the Legislative Auditor, or the Legislative Fiscal Analyst upon request;
- 4) The grantee shall assume the costs of improvements funded after a reasonable period of federal assistance;
- 5) If any agency other than the applicant is to contribute matching funds, that agency must document their contribution;
- 6) Any funds awarded under one subgrant cannot be used in another;
- 7) Expenditures for items not listed on the original budget are subject to refund and/or penalty. Variances from the approved subgrant will require an amendment approved in advance by the Board of Crime Control;
- 8) All applicants are subject to federal, state, and local laws and regulations;
- 9) The subgrantee shall not obligate any funds until subgrant is formally awarded by the Board of Crime Control: and
- 10) Draw down of funds is contingent upon submission of quarterly financial reports and quarterly progress reports.
- 11) When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money, all grantees receiving federal funds shall clearly state: 1) the percentage of the total cost of the program or project which will be financed with federal money, and 2) the dollar amount of federal funds for the project or program.
- 12) Rules 23.14.101 et seq. of the Administrative Rules of Montana.
- 13) The subgrantee agrees to comply with the National Environmental Policy Act (NEPA) and other related federal environmental impact requirements in the use of these grant funds either directly or indirectly by subcontractors.
- 14) In the event a Federal or State court of Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, disability, or age against a recipient of funds, the recipient will forward a copy of the funding to the Office of Civil Rights, Office of Justice Programs.

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Section 6. Signature Page

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The officials who certify this document agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. (Please refer to the Application Guidelines regarding signatures.)

Original Signatures are Required A. Official Budget Representative (City/County Commissioner, Mayor, Department Head, or President of Board of Directors) Title Name Address City/State/Zip Telephone E-mail Signature **B.** Project Director Title Name Address City/State/Zip E-mail Telephone Date Signature C. Financial Officer Title Name Address City/State/Zip E-mail Telephone Date Signature **D.** Clerk/Clerk & Recorder (Cities and Counties Only) Name Title City/State/Zip Address E-mail Telephone Date Signature

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